

## MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017094

DEPARTMENT OF PUBLIC HEALTH

FILED IN 10 1962 18  
Primary Registration District No. 1003

Registar's No. 4559

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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28/20/71

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

PLACE OF DEATH  
COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **ST. LOUIS, MISSOURI**Length of stay in lb  
**2 DAYS**c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **VAH, 915 N. GRAND AVE.**Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **ILLINOIS** b. COUNTYc. CITY  
OR  
TOWN **EAST ALTON**Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS **821 AMHERST DRIVE**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
**WILLIAM L. MORTLAND**4. DATE  
OF  
DEATH  
Month Day Year  
**5/3/62**5. SEX  
**MALE**6. COLOR OR RACE  
**WHITE**7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
**7/27/88**9. AGE (last birthday)  
**73**IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
**PIPEFITTER**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**HARDIN, ILLINOIS**12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**13a. FATHER'S NAME  
**JOHN F. MORTLAND**13b. MOTHER'S MAIDEN NAME  
**EVA L. LINKOGLE**14. NAME OF HUSBAND OR WIFE  
**---**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**YES WW I**16. SOCIAL SECURITY NO.  
**---**17. INFORMANT  
Address  
**LESTER MORTLAND (SON) SEE #2**18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:IMMEDIATE CAUSE (a) **CEREBROVASCULAR ACCIDENT (INTRACEREBRAL HEMORRHAGE) 12 HOURS**INTERVAL BETWEEN  
ONSET AND DEATH  
**MANY YEARS**Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

**ARTERIOSCLEROSIS**

DUE TO (c)

**33/X**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)  
**DIABETES**PART III. If deceased was female was  
there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. // attended the deceased from **5/1/62** to **5/3/62** and last saw him alive on **5/3/62**  
Death occurred at **9:55 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Describe or title)

**R Dean Wagoner**  
**M.D.**

22b. ADDRESS

**VAH, ST. LOUIS, MO.**

22c. DATE SIGNED

**5/3/62**23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
**Removal**23b. DATE  
**May 5, 1962**23c. NAME OF CEMETERY, OR CREMATORY  
**HARDIN CEM**23d. LOCATION (City, town, or county)  
**Hardin, Illinois**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Smith Funeral Home 2521 Edwards**

25. DATE RECD. BY LOCAL REG.

**MAY 3 1962**

26. REGISTRAR'S SIGNATURE

**Earl Smith M.D.**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*O. D. Smith*

Licensed Embalmer No. \_\_\_\_\_

*4191*

P. O. Address \_\_\_\_\_

*2521 Edwards*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.